

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JAN 14 1992

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

3. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MD DD985404706

II. Name of Installation (Include company and specific site name)

KONSYL PHARMACEUTICALS, INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8050 INDUSTRIAL PARK RD.

Street (continued)

City or Town

EASTON

State

ZIP Code

MD

21601-9468

County Code

County Name

041 TALBOT

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BUHLER

(first)

FRANK

Job Title

OWNER

Phone Number (area code and number)

817-763-8011

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FRANK X. BUHLER

Street, P.O. Box, or Route Number

4200 S. HULEN STREET

City or Town

State

ZIP Code

FT. WORTH

TX

76109-

Phone Number (area code and number)

817-763-8011

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify ☐ 4. Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

JOHN F. FLOHR, PLANT MGR.

12-18-91

XI. Comments

RECEIVED

DEC 20 1991

HAZARDOUS WASTE DIVISION

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
MDD985404706

INSTALLATION ADDRESS

BUHLER FRANK (OWNER)
KONSYL PHARMACEUTICALS INC
8050 INDUSTRIAL PARK RD
EASTON MD 21601

SAME
MD